

STATE OF ALASKA ITB NUMBER _____
AMENDMENT NUMBER _____



Department of _____
Division of _____
Address _____
City, State, Zip _____

THIS IS NOT AN ORDER

DATE AMENDMENT ISSUED:

ITB TITLE:

ITB OPENING DATE AND TIME:

This amendment is for informational purposes only and need not be returned to the State.

1.

Your Name
Contracting Officer
Phone: (907) _____
TDD: (907) _____
FAX: (907) _____

FOR STATE USE ONLY - THIS AMENDMENT COVERS PR#